

Sample* Self-Administered Comprehensive Health Risk Profile

Name: _____ Date: _____

Date of Birth _____ Age: _____ Male _____ Female _____ Ethnicity: _____ ID #: _____

Please put a check mark by each sentence that applies to you. If you do not know the answer to a question, put a mark by it and someone will discuss it with you. Your answers will help your doctors and nurses design your preventive health care plan.

Key to organization acronyms: ACS – American Cancer Society, ADA – American Diabetes Association,
NCEP – National Cholesterol Education Program, USPSTF – U.S. Preventive Services Task Force

Please DO NOT write in the shaded areas.

| Annual Assessment of Risk Factors | Health Indicator | Risk? | Ed. H |
|---|---|-------|-------|
| 1. WEIGHT _____ Does not apply to me. ___ I weigh more than I should for my height. | Wt: _____ Ht: _____ BMI: _____ | Y N | |
| 2. BLOOD PRESSURE _____ Does not apply to me. ___ I do not exercise for at least 30 minutes, on most days of the week. ___ I or someone in my family has high blood pressure. Who? _____ | Blood Pressure _____ / _____ ___ BP ~ 140/90 ___ Moderate to extreme obesity | Y N | |
| 3. CHOLESTEROL (NCEP) _____ Does not apply to me. ___ I am over 20 yrs old and it has been over 5 years since my last normal test, or ___ It has been more than 1 year since my last abnormal test. ___ *I have high blood pressure, or ___ *I smoke cigarettes or cigars. ___ *I have diabetes (high blood sugar). ___ *Someone in my family has heart trouble. Who? _____ Age at onset? _____ | Date last tested: _____ Total Chol: _____ >200mg/dL? ___ HDL: _____ 2 or > risks for heart disease* [] *HDL <35 mg/dl [] *Male =>45 [] *Female =>55 Date next due: _____ | Y N | |
| 4. TOBACCO Use _____ Does not apply to me. ___ I smoke or use tobacco now, or ___ I have in the past. Type: [] Cigarettes [] Cigar or pipe [] Chewing tobacco/snuff How long? _____ How much? _____ | ___ Not thinking about quitting? ___ Thinking about quitting? ___ Trying to quit? ___ Has quit? When? _____ Meds? _____ | Y N | |
| 5. DIABETES (ADA) _____ Does not apply to me. ___ I had diabetes when I was pregnant or I had a baby that weighed more than 9 lbs. At birth ___ I or someone in my family has diabetes. Who? _____ (Example: mother, father, sister, brother) | Date: _____ FBS _____ HbA1c _____ ___ Triglycerides >250mg/dL ___ HDL <35mg/dL or ___ over wt. ___ Aged > 45 yrs, or ___ HTN ___ High risk ethnicity | Y N | |
| 6. IMMUNIZATIONS (USPSTF) _____ Does not apply to me. ___ It has been more than 10 yrs since I had a tetanus shot or I have never had one. ___ I have diabetes, or heart or lung problems. What: _____ ___ I am a health care worker, or I work in a jail or school. ___ I have never had a Hepatitis (liver A/infection®) shot. ___ I have never had Rubella (German Abig red® Measles) or been immunized. | ___ >65 y/o ___ Female of child-bearing age Needed: ___ Td. ___ MMR ___ Pneumovax ___ Hepatitis B ___ Influenza (flu season) ___ Other: _____ | Y N | |
| 7. COLORECTAL CANCER (ACS) _____ Does not apply to me. ___ Someone in my immediate family has had cancer of the rectum or intestine. ___ *Age at onset less than 55? ___ *I have/have had inflammatory bowel disease. | ___ >35y/o and >5yrs since colonoscopy and *one risk. ___ 50y/o, >1 yr since FOBT, or ___ >5yrs since sigmoidoscopy | Y N | |
| 8. BREAST EXAM by a doctor or nurse (ACS) _____ Does not apply to me. ___ I am 20-39 years old and it has been more than 3 years since my last exam . ___ I am 40 years old or over, and it has been more than 1 year since my last exam. | Date last CBE: _____ Normal: Y N | Y N | |
| 9. MAMMOGRAM (ACS) _____ Does not apply to me. ___ I am over 40 years old, and it has been over 1 year since my last mammogram. | Date last test: _____ Normal: Y N Date next due: _____ | Y N | |
| 10. PAP SMEAR (ACS) _____ Does not apply to me. ___ It has been 1 year or more since my last Pap test. | Date last test: _____ Result: _____ | Y N | |

| Annual Assessment of Risk Factors | Health Indicator | Risk? | Ed. H |
|--|--|-------|-------|
| | 3rd consecutive normal? Y N Date next due: _____ | | |
| 11. PROSTATE CANCER (ACS) _____ Does not apply to me. _____ I am 50 years old or older and it has been more than 1 year since my last test. _____ I am under 50 and it has been more than 1 year since my last test and : [] I am African American, or [] Someone in my family has prostate cancer. | Date last PSA: _____ Result: _____ Date last DRE: _____ Result: _____ | Y N | |
| 12. HORMONE REPLACEMENT (female) _____ Does not apply to me. _____ My mother had osteoporosis. _____ I went through menopause before age 40. _____ I have started menopause and I do NOT take hormones. _____ I do NOT take extra calcium and vitamin D every day. | _____ High risk ethnicity _____ Low body weight _____ Sedentary lifestyle _____ Hx. of excessive ETOH use | Y N | |
| 13. TB (Tuberculosis Infection) _____ Does not apply to me. _____ I live with, or spend a lot of time with, someone who has TB. _____ I work in healthcare, a jail, or another place where a lot of people stay. _____ I came to the U.S. in the past 5 yrs. from SE Asia, Africa or Latin America. | _____ Medically under-served or residential risk _____ Medical or behavioral risk _____ Diabetes, ESRD | Y N | |
| 14. NUTRITION and PHYSICAL ACTIVITY _____ Does not apply to me. _____ I do NOT eat at least 5 servings of fruits and vegetables every day. _____ I do not exercise for at least 30 minutes, on most days of the week. | _____ Above or significantly below ideal body weight. _____ >30% calories from fat | Y N | |
| 15. ORAL HEALTH/HYGIENE _____ Does not apply to me. _____ I am 20-39 yrs old and it has been more than 3 yrs since I saw a dentist.(ACS) _____ I am 40 yrs old or over; it has been more than 1 yr since I saw a dentist.(ACS) _____ I do not brush and floss my teeth every day, or _____ I smoke or use tobacco. | Date last dental exam: _____ _____ | Y N | |
| 16. SKIN EXAMINATION _____ Does not apply to me. _____ I or someone in my immediate family has had skin cancer. _____ I have many moles, or I have a mole(s) that is different or changing. _____ I have spent a lot of time in the sun (work/play), or I have had many sunburns. _____ I am 20-39 yrs old, it has been more than 3 yrs. since my last skin exam.(ACS) _____ I am 40 yrs old or over, it has been more than 1 yr since my last exam.(ACS) | _____ Immunosuppressed _____ Light skin, hair, and eye color or freckles. | Y N | |
| 17. Sexually Transmitted Disease and HIV _____ Does not apply to me. (Gonorrhea, Chlamydia, Hepatitis B, Syphilis, genital herpes, AIDS) _____ At least one of the following applies to me: (Asex@ includes oral and anal) *Previous STD *Multiple sex partners *Unprotected sex *Shared needles | Date/Test: _____ Results: _____ Date/Test: _____ Results: _____ | Y N | |
| 18. UNINTENDED PREGNANCY _____ Does not apply to me. (female of child-bearing age or adult male of any age) _____ I am sexually active, not ready to have a baby, and not using birth control. | Type of birth control: _____ | Y N | |
| 19. ALCOHOL and DRUG Use _____ Does not apply to me. _____ I am still taking medicine for pain or Abad nerves@ that I no longer have. _____ I drink alcohol almost every day. What? _____ How much? _____ _____ I have used Astreet drugs@. What? _____ When? _____ _____ I have had family or work problems because of drinking or drugs. | _____ Male: > 2 drinks/day _____ Female: > 1 drink/day _____ Responds positively to a standard screening tool, such as CAGE. | Y N | |
| 20. INJURY and ACCIDENTS _____ Does not apply to me. _____ I do not always use a seatbelt when in a car, or a helmet when riding a bike. _____ There are medicines, poisons, or guns in my home within reach of children. _____ I do not have a working smoke detector in my home. _____ I or my child(ren) have been abused recently (physical, verbal, or sexual). | _____ Frequent/multiple trauma with no plausible explanation. _____ Presents repeatedly with somatic episodes. | Y N | |

*Inclusion/omission does not imply that the Texas Department of Health endorses or rejects a specific recommendation or authority opinion.

Notes: _____

Clinician review with client: _____ Date: _____

Put Prevention Into Practice-PPIP

www.tdh.state.tx.us/ppip/index.htm

(512) 458-7534



Sample* Preventive Care Flow Sheet: Self-Administered Comprehensive Health Risk Profile

Name: _____ ID#: _____ Date: _____

| | | | |
|-----------------------------|--|-----------------------------|--|
| Check if applicable: | Initials/Date(s) of education/counseling: | Check if applicable: | Initials/Date(s) of education/counseling: |
| ‡ Weight | _____ | ‡ Colorectal Cancer | _____ |
| ‡ Blood Pressure | _____ | Female Only: | |
| ‡ Cholesterol | _____ | ‡ Clinical Breast Exam | _____ |
| ‡ Tobacco use | _____ | ‡ Mammogram | _____ |
| ‡ Diabetes | _____ | ‡ Pap Smear | _____ |
| ‡ Immunizations | _____ | Male Only: | |
| ‡ _____ | _____ | ‡ Prostate Cancer | _____ |

Suggested Result Codes: N=Results Normal A=Results Abnormal R=Refused P=Pending

| Screening test/exam | Freq. | | Yr. Age | Yr. Age | Yr. Age | Yr. Age | Yr. Age |
|----------------------------|----------------|-------------|---------|---------|---------|---------|---------|
| Weight | q 1 yr. | Date/Result | | | | | |
| Blood Pressure | q2yr | Date/Result | | | | | |
| Cholesterol | q1-5yr | Date/Result | | | | | |
| Diabetes | q1-3yr | Date/Result | | | | | |
| Fecal Occult Blood | q1yr >50 | Date/Result | | | | | |
| Sigmoid/Colon-oscopy | q5yr >35/50 | Date/Result | | | | | |
| Clinical Breast Exam | q1-3yr >20 | Date/Result | | | | | |
| Mammogram | q1 >40 | Date/Result | | | | | |
| Pap Smear | q1-3yr | Date/Result | | | | | |
| Digital Rectal Exam (male) | q1yr >50 | Date/Result | | | | | |
| PSA | q1yr >/<50 | Date/Result | | | | | |

| Immunizations | Frequency | Vac. I.D. # | Date/Site/Initials | Date/Site/Initials | Date/Site/Initials | Date/Site/Initials |
|----------------------|---------------|-------------|--------------------|--------------------|--------------------|--------------------|
| Tetanus | q10yr | | | | | |
| Influenza Vaccine | q1yr </>65 | | | | | |
| Pneumococcal Vaccine | x1 </>65 | | | | | |
| Hepatitis B | Series | | | | | |
| MMR | x1/ , | | | | | |

| Immunizations | Frequency | Vac. I.D. # | Date/Site/Initials | Date/Site/Initials | Date/Site/Initials | Date/Site/Initials |
|---------------|-------------------|-------------|--------------------|--------------------|--------------------|--------------------|
| Tetanus | q10yr | | | | | |
| | child-bearing age | | | | | |

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Name: _____ ID#: _____ Date: _____

| | | | |
|------------------------------------|---|------------------------------------|---|
| <u>Check if applicable:</u> | <u>Initials/Date(s) of education/counseling:</u> | <u>Check if applicable:</u> | <u>Initials/Date(s) of education/counseling:</u> |
| ‡ HRT | _____ | ‡ Alcohol/Drug Use | _____ |
| ‡ TB infection | _____ | ‡ Injury/Accidents | _____ |
| ‡ Nutrition/Physical Act. | _____ | ‡ _____ | _____ |
| ‡ Oral Health/Hygiene | _____ | ‡ _____ | _____ |
| ‡ Skin Cancer | _____ | ‡ _____ | _____ |
| ‡ STD/HIV | _____ | ‡ _____ | _____ |
| ‡ Unintended Pregnancy | _____ | ‡ _____ | _____ |

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| Screening test/exam | Freq. | | Yr. Age | Yr. Age | Yr. Age | Yr. Age | Yr. Age |
|-------------------------|--------|-------------|---------|---------|---------|---------|---------|
| Oral Health and Hygiene | q1-3yr | Date/Result | | | | | |
| Skin Exam | q1-3yr | Date/Result | | | | | |
| TB infection/P.P.D. | q1-3yr | Date/Result | | | | | |
| STD/HIV | q1yr | Date/Result | | | | | |
| | | Date/Result | | | | | |
| | | Date/Result | | | | | |

| Referrals: | Date | Result |
|---------------------------|------|--------|
| Diabetic Education | | |
| Nutritional Education | | |
| Smoking Cessation Program | | |
| Dental Examination | | |
| | | |
| | | |
| | | |

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